

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



6) 322-1478

March 16, 1992

TO: All CMSP County Welfare Directors

SUBJECT: VERIFICATION OF WORKLOAD UNIT ACTIVITY

Enclosed are the County Medical Services Program (CMSP) workload unit totals from March 1991 through January 1992.

To determine the total workload units for each month, we have used the data which you reported on Form CMSP 237 (Caseload Movement and Activity Reports), March 1991 - January 1992. Line 7 (Intake Cases) is "weighted" (multiplied by a factor of six) and added to Line 10 (Continuing Cases). This sum is the workload units for the reported month.

Your CMSP eligibility allocation for fiscal year (FY) 1992-93 will be based on workload unit totals for the period March 1991 - February 1992. To compute each county's allocation, the total workload units for this 12-month period will be multiplied by a standard cost per workload unit.

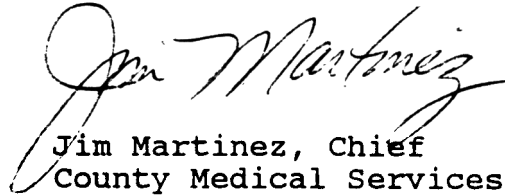
Please verify your county's workload unit totals on the attached table with your records. Then notify Genny Fleming by telephone immediately if there are any discrepancies.

This year, in light of pending budget deficiencies and accelerated program growth, it is most important that all data submitted by your county be both accurate and timely. This will allow the State to determine funding requirements for FY 1992-93 on time for the May Revision of the Governor's Budget.

Also enclosed for your review are instructions on completing the CMSP 237. The CMSP 237 data reports for February 1992 are now due. Outstanding reports and the resolution of discrepancies are all due not later than March 30, 1992.

If you have any questions regarding this notice, please call Ms. Genny Fleming of the County Medical Services Program, at (916) 327-3867.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Martinez". The signature is fluid and cursive, with the first name "Jim" written in a larger, more prominent script than the last name "Martinez".

Jim Martinez, Chief  
County Medical Services Program

Enclosures

cc: Ms. Genny Fleming  
County Medical Services Program  
Department of Health Services  
714 P Street, Room 523  
P. O. Box 942732  
Sacramento, CA 94234-7320

Workload unit Totals March 1991 thru January 1992

County	3/91	4/91	5/91	6/91	7/91	8/91	9/91	10/91	11/91	12/91	1/92	1/92 Total
Alpine	20	42	29	15	16	9	22	9	6	5	6	179
Amador	348	410	374	348	412	438	402	387	372	480	445	4,416
Butte	5,163	5,556	5,359	5,002	4,508	4,856	4,920	5,496	5,253	5,005	5,314	56,432
Calaveras	638	543	844	538	484	707	621	626	530	555	569	6,655
Colusa	417	407	473	360	449	385	498	0	519	458	473	4,439
Del Norte	952	939	902	973	845	933	901	980	685	845	1,066	10,021
El Dorado	2,338	2,505	2,379	2,251	2,150	2,982	2,224	2,615	2,483	1,893	2,828	26,648
Glenn	833	963	863	753	964	910	904	1,013	859	802	893	9,757
Humboldt	4,742	4,659	5,332	4,732	5,019	4,091	4,378	4,705	4,335	4,654	5,000	51,647
Imperial	5,173	5,358	5,647	5,143	6,095	5,846	5,178	6,715	5,939	6,226	5,343	62,663
Inyo	548	724	628	629	730	701	646	850	694	807	756	7,713
Kings	2,519	2,179	2,050	2,581	2,814	3,401	3,179	3,078	2,244	2,263	2,650	28,958
Lake	n/a	n/a	n/a	n/a	n/a	n/a	n/a	317	0	0	0	317
Lassen	600	590	585	588	679	533	738	781	454	486	524	6,558
Madera	4,578	4,703	5,484	3,944	5,368	4,815	4,786	5,571	4,741	4,749	5,412	54,151
Marin	4,616	4,586	4,605	4,320	4,881	4,890	4,694	5,170	4,800	4,701	5,118	52,381
Mariposa	353	384	447	459	308	413	347	433	367	373	460	4,344
Mendocino	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3,693	3,044	3,541	2,225	12,503
Modoc	333	345	413	283	258	268	465	434	209	343	424	3,775
Monterey	224	157	195	139	207	170	187	210	239	287	174	2,189
Napa	2,520	2,517	2,692	2,231	2,016	2,628	2,524	2,799	2,562	2,487	0	24,976
Nevada	1,215	1,412	1,279	1,261	1,256	1,379	1,193	1,407	1,422	1,464	1,734	15,022
Plumas	442	444	413	421	421	488	470	407	354	444	527	4,831
San Benito	433	595	563	595	591	649	712	769	499	659	623	6,688
Shasta	3,648	3,357	3,952	3,799	4,169	3,494	3,615	4,674	3,768	4,136	4,996	43,608
Sierra	78	88	76	108	150	97	96	115	118	95	136	1,157
Siskiyou	1,658	1,764	1,867	1,396	1,419	1,265	1,236	1,484	1,343	1,222	1,394	16,048
Solano	4,421	4,294	4,881	4,310	5,017	4,662	4,083	5,200	4,433	4,483	7,212	52,996
Sonoma	5,412	5,694	5,309	4,868	5,331	5,550	5,156	5,551	5,499	5,772	6,335	60,477
Sutter	2,230	1,818	2,187	2,103	2,110	2,167	2,055	2,138	1,938	1,989	1,724	22,459
Tehama	1,910	1,733	2,053	2,143	1,784	1,850	1,767	2,194	1,819	2,200	2,079	21,532
Trinity	404	394	414	407	365	510	427	559	464	510	468	4,922
Tuolumne	812	805	837	742	1,331	945	918	1,083	1,101	1,140	1,232	10,946
Yuba	2,788	2,671	3,112	2,484	2,696	2,518	2,637	2,569	2,675	2,316	2,523	28,989
TOTAL	62,366	62,636	66,244	59,926	64,843	64,550	61,979	74,032	65,768	67,390	70,663	720,397

NewElig/9293Elig 3/11/92

## INSTRUCTIONS FOR COMPLETING THE CMSP 237 STATISTICAL REPORT

Be sure to include all CMSP and mixed CMSP/Medi-Cal cases, such as those containing a CMSP parent and a Medi-Cal child or a CMSP husband/wife and a Medi-Cal spouse.

### INTAKE AND REDETERMINATION ACTIVITY

Line 1. Count all pending applications on hand at the beginning of the month. This amount must agree with the amount shown in Line 4 of the previous month's report. Show one application per family budget unit (CFBU). Include all cases for which a concurrent Medi-Cal application was filed pending determination of disability.

Line 2. Count all new applications, reapplications, and restorations (as defined in CMSP Letter 84-4) received during the month. Count as reapplications only reapplications received after a 12-month or longer break in eligibility. Do not count annual redeterminations as reapplications -- count those cases on Line 6 below. Show one application per family budget unit (CFBU). Do not count applications for retroactive CMSP, as those cases should be counted on Line 5 below.

Line 3. Count all applications disposed of during month. Enter total of line 3a, 3b, and 3c.

- a. Show total number of applications approved during the report month.
- b. Show total number of applications denied during the report month.
- c. Show total number of applications withdrawn by applicant prior to final approval/denial.

NOTE: Do not include disposition of applications for retroactive eligibility in lines 3, 3a, 3b, or 3c.

Line 4. Count all applications pending at the end of the report month. Enter the sum of Line 1 + Line 2 - Line 3. The amount shown in Line 4 must agree with the amount shown in Line 1 in the following month's report.

Line 5. Count all dispositions of applications for retroactive eligibility received during the report month. Enter the total of Lines 5a, 5b, and 5c.

Line 6. Count all annual redetermination (as defined in CMSP Letter 84-4), involving a face-to-face interview and review of the full Statement of Facts (MC 210). Do not include restorations or reapplications on this line -- those should be counted on Line 2 above.

Line 7. Count total intake and redetermination activity  
Enter total of Line 3 + Line 5 + Line 7.

#### CONTINUING ACTIVITY

Line 8. Count all approved cases on hand at the beginning of the report month. Do not include retroactive cases for which there is not current (ongoing) eligibility as well. Do not include cases which were discontinued during the previous report month. The number of approved cases shown on Line 8 must agree with the amount shown in Line 12 of the previous month's CMSP 237 report.

Line 9. Count all cases added during the report month.  
Enter the total of Line 9a plus Line 9b.

- a. Count total cases added from Intake (Line 3a. above).  
Do not include annual redeterminations shown on Line 6.
- b. Count total number of other approvals, such as rescinded discontinuances, rescinded denials, reinstatements due to fair hearing appeals, etc. Do not count persons added to an existing, approved CFBU.

Line 10. Count total continuing cases processed during report month (total of Line 8 plus Line 9),

Line 11. Count all CMSP or mixed CMSP/Medi-Cal cases discontinued during the report month. Do not show as a discontinuance a person dropped from a CFBU, if the case remains open because the other spouse continues to be CMSP eligible.

Line 12. Count all approved cases carried forward to the next report month (total of Line 10 minus Line 11). The amount shown in Line 12 must agree with the amount shown in Line 8 of the following month's report.

#### MIA/UNDOS ONLY (AID CODE 50)

Line 13. Count the number of cases on Line 7 (Total Intake and Redetermination) that are Aid Code 50 - UNDOS only.

Line 14. Count the number of cases on Line 10 (Continuing Cases) that are Aid Code 50 - UNDOS only.

#### DEFINITIONS

Section 0081. Reapplication. "Reapplication" means an application for CMSP eligibility made in the same county as a previous application, if the previous application was denied or withdrawn, or if CMSP eligibility based on a previous application has been discontinued for more than 12 months. Reapplication requires completion of all forms used in the application process (CA-1, MC 210, CMSP 210, CMSP 216, and CMSP 217) as well as a face-to-face interview.

Section 0083, Redetermination. "Redetermination" means the annual review of a person's or family CMSP eligibility. Annual redetermination requires completion of forms (MC 210, CMSP 210, CMSP 216), as well as a face-to-face interview. Completion of a new CA-1 is not required.

Section 0089, Restoration. "Restoration" means the approval of CMSP eligibility for a person or family in the same county as that in which they were previously eligible for CMSP, if the effective date of the approval occurs within 12 months of the end of the previous period of eligibility. If eligibility is restored during the month following discontinuation, only the CMSP 210 must be completed. If eligibility is restored later than the month following discontinuation, the CA-1, MC 210, CMSP 216, CMSP 217 and face-to-face interview must be completed.